1360: COMPLICATIONS AFTER TONSILLECTOMY IN PAEDIATRIC PATIENTS

Sheneen Meghji, Sparsh Prasher*, Nitesh Patel, Paolo Livi, Amr Salem. *Whipps Cross University Hospital, London, London, UK.*

Introduction: What is the true complication rate of paediatric tonsillectomies? The most common complications are: Primary haemorrhage 1-2%, secondary haemorrhage 2-5%, pain, nausea, and dehydration.

Methods: Retrospective review of paediatric tonsillectomies performed between June 2013 and December 2013 at Whipps Cross Hospital. Data was collected by electronic records and telephone survey.

Results: 110 paediatric tonsillectomies were carried out on 65 males and 45 females, average age being 6 years 7 months old. 90% had bipolar dissection and 10% had cold-steel tonsillectomy. 100% of patients received paracetamol, 98% had ibuprofen, 69% had difflam, 62% had antibiotics and 18% had codeine prescribed on discharged. 90/110 responded to the telephone survey. 31/90 (34%) sought further advice in the post-operative period; 17/31 came to A&E (3 were not admitted 13 were admitted for medical management and 1 returned to theatre), 11/31 visited their GP and 3/31 called for advice. The main complaint was bleeding 35%, pain 35%, infection 19%, nausea 6% and stridor 3%.

Conclusions: A third of patient's sought advice post-operatively. A new protocol for tonsillectomy has been implemented which includes standardised peri-operative techniques, post-operative prescriptions and patient information leaflet on discharge. A re-audit will be undertaken, assessing the effectiveness of these changes.

1371: LOW PRIORITY PROCEDURES IN ENT

Kapil Rajwani*, Mike O'Connell. *Brighton and Sussex University Hospitals, Brighton, UK.*

Introduction: In 2007 our Primary Care Trust (PCT), now known as Clinical Commissioning Groups (CCGs), introduced low priority procedure (LPP) restrictions on a number of ENT procedures, including tonsillectomy and grommets. Their aim was to reduce annual expenditure on unnecessary procedures and they introduced clinical criteria under which funding for these procedures would be made available. Individual funding requests (IFR) submitted by clinicians for these low priority procedures are reviewed by a CCG panel. Our aim was to review the outcomes of IFR for LPPs in ENT and review the evidence base of the threshold clinical criteria set out by CCGs to fund these procedures.

Methods: We retrospectively reviewed outcomes of all IFR forms submitted by our ENT department to CCGs over a 5 month period (April - August 2013).

Results: 131/139 (94%) IFR submitted for grommets had a positive outcome. 100/105 (95%) of IFR submitted for tonsillectomy were successful. Refusal on clinical grounds was rare.

Conclusions: Filling out IFR forms for LPPs has increased paperwork for clinicians but is there any real cost saving?

1374: 3 YEAR EXPERIENCE OF DAY CASE HEMITHYROIDECTOMY – PATIENT REPORTED OUTCOMES

C.J. McCaffer*[,1], C.M. Douglas[1], A. Kasbaker[1], R. Crosbie[1], S. Ansari[1], D. Bleaco[2], S.W. Kang[1]. [1]*Department of Otolaryngology – Head and Neck Surgery, Monklands Hospital, Airdrie, Lanarkshire, Scotland, UK;* [2]*Department of Anaesthetics, Monklands Hospital, Airdrie, Lanarkshire, Scotland, UK.*

Introduction: Elective hemithyroidectomy is a common operation with low complication rates. The aim of this study was to assess the safety, patient satisfaction and outcome of day case hemithyroidectomy.

Methods: A prospective audit of all patients undergoing hemithyroidectomy in a single institution over a three year period. All patients who undergo a hemithryoidectomy have a bilateral superficial cervical block, xylocaine with adrenaline and minimal opiod use. Meticulous haemostasis is used to avoid the use of a drain. All patients filled in satisfaction questionnaires 1 week post-op.

Results: 135 patients had a hemithyroidectomy over the three years. Average age 50 years (24-77). Male to female ratio 3.9:1. Average length of stay 0.47 days (0-6). 66% of patients had their operation performed as a day case. There were no haematomas requiring a return to theatre and no drains inserted. No patient required readmission after discharge. The average patient satisfaction score as a day case was 9.09 (0:not satisfied to be discharged– 10: very satisfied to be discharged). The average pain score day 1 post op was 3 (0 no pain -10 worst pain).

Conclusions: Day case hemithyroidectomy is very agreeable to patients and if appropriate analgesia is used then post-operative pain is minimal.

1376: EPISTAXIS MANAGEMENT: IS THERE A ROLE FOR FLOSEAL?

Amrit Kundra, WaiSum Cho, Raguwinder Sahota*, Henry Pau, Peter Conboy. *University Hospital of Leicester, Leicester, UK.*

Introduction: Epistaxis is the most common emergency encountered by otorhinolaryngologists, with more than 27000 patients presenting to emergency departments (ED) in 2009. Patients are managed in a stepwise approach from conservative and escalating to more invasive treatments Floseal a haemostatic gel that stops arterial bleeding, was introduced as an adjunct. We wanted to ascertain if patients could be managed effectively using floseal and discharged on the same day, avoiding admission.

Methods: In our study, floseal was used as an adjunct to our standard practice; used if nasal cautery was unsuccessful and rather than proceeding directly to nasal packing. Notes were retrospectively reviewed of all patients that presented with epistaxis over a six month period in 2012.

Results: 29 patients, whom presented to ED, were treated with floseal, 14 were discharged home. The average length of stay of those admitted was 2.5 days resulting in a total cost of £14272. Had floseal not been used, the total cost would have been £21750.00. This represents a saving of £7480.00

Conclusions: The admission rate was reduced by 50% which was statistically significant. Our results show that floseal is a useful adjunct in the treatment of epistaxis to decrease patient admission rates and cost saving to the trust.

1395: ROLE OF TC99M SESTAMIBI SCAN AND PARATHYROID HARMONE (PTH) MONITORING IN PARATHYROID SURGERY

Ramesh Gurunathan*, Greg McBride, Gillian Gray. *Altnagelvin Hospital, Londonderry, UK.*

Introduction: Parathyroid surgery for hyperparathyroidism has moved from traditional four gland exploration to minimally-invasive procedure with advent of better imaging tools (sestamibi), intraoperative PTH monitoring and endoscopic techniques. Intra-operative-PTH-assay is useful as PTH has half-life of only 10 minutes in vivo. In our hospital, parathyroid operation is accomplished with pre-operative Sestamibi scan and PTH monitoring at Day-one post-operatively. Intra-operative-PTH-assay is done only in selected patients. Our aim was to analyse the outcome of parathyroid-surgery and correlate Sestamibi localisation of parathyroid-adenoma with operative findings.

Methods: Retrospective chart review of 40 patients from 2009-12.

Results: 55% of patients presented with incidental hyper-calcaemia and rest had varied clinical presentations (renal calculi&failure, fatigue, dehydration, fractures etc). Majority 30/40 were females. Mean age was 58 (range 22-88). Average operative time was 50 minutes. Post-operative calcium and PTH levels returned to normal in 38/40 patients. Sestamibi localised parathyroid-adenoma in 28/40 patients and correlated correctly with operative findings. In 12/40 patients with no localisation, four gland exploration was done. Two patients needed re-exploration and intra-op-PTH monitoring was used.

Conclusions: In our view, pre-operative Sestamibi scan is sufficient in majority of patients. Four gland exploration and expensive intra-operative PTH assay are useful in selected patients with negative scan who need re-explorations.

Hepatopancreatobiliary

0024: TIMING OF CHOLECYSTECTOMY AFTER GALLSTONES PANCREATITIS; CURRENT PRACTICE OF A LOCAL TRUST

Mohammed Boshnaq, Nabeel Merali*, Amit Kaushal, Mansoor Akhtar, Sudhakar Mangam. *EKHT, East Kent, UK.*

Introduction: The guidelines state that patients with mild gallstones pancreatitis should undergo definitive management for gallstones during the same admission or within the next two weeks. The aim of this audit was three fold; firstly, to assess the timing at which patients were offered a